

Hepatitis C: State of Medicaid Access Report Card

South Carolina



Grade	Recommendations to Improve Patient Access
D	<ul style="list-style-type: none"> Remove prior authorization for HCV treatment. Remove substance and alcohol abstinence requirement and substance use counseling requirement. Remove specialty prescriber consultation requirement. Ensure transparency and parity across FFS and MCOs regarding HCV coverage criteria. Remove additional restrictions as described below.

State Overview

As of February 2022, 1,220,483 individuals were enrolled in Medicaid and CHIP.¹ It is estimated that as of 2016, 35,600 people were living with HCV in South Carolina.² South Carolina Medicaid contracts with five managed care organizations (MCOs): Absolute Total Care, First Choice by Select Health, Healthy Blue by BlueChoice, Humana Healthy Horizons, Molina Healthcare.³

The South Carolina Medicaid Preferred Drug List includes Mavyret, Vosevi, sofosbuvir/velpatasvir.⁴

Deductions		Policy
Prior Authorization	-8	Prior authorization is required for all HCV treatment regimens. ⁵
Fibrosis Restrictions	0	South Carolina Medicaid does not impose fibrosis restrictions. ⁶
Substance Use Restrictions	-12	South Carolina Medicaid imposes substance use restrictions. Questions on the prior authorization form indicate a requirement that patients abstain from substance and alcohol abuse for the previous 6 months. ⁷ Patients with a history of illicit substance or alcohol use must provide confirmation that they have completed or are participating in a recovery program, or receiving substance or alcohol abuse counseling services, or seeing an addiction specialist. ⁸
Prescriber Restrictions	-8	South Carolina Medicaid imposes prescriber restrictions. Prescribers must be a gastroenterologist, infectious disease specialist, or hepatology specialist. ⁹
Retreatment Restrictions	0	South Carolina Medicaid does not impose retreatment restrictions. ¹⁰
Access in Managed Care	0	First Choice by Select Health does not impose a 6 month abstinence requirement, but providers must attest that “if the member is actively abusing alcohol or IV drugs, or has a history of abuse that they have counseled member regarding the risks of alcohol or IV drug abuse, and an offer of referral for substance use disorder treatment has been made.” ¹¹ First Choice also does not require genotype testing for Mavyret or generic Epclusa. ¹² Healthy Blue by BlueChoice does not impose substance use or prescriber restrictions. ¹³ Absolute Total Care, ¹⁴ Humana Healthy Horizons, ¹⁵ and Molina Healthcare ¹⁶ impose the same requirements as FFS. ¹⁷
Additional Restrictions	-8	South Carolina Medicaid imposes additional restrictions as follows: ¹⁸ <ul style="list-style-type: none"> All tests must be collected within 12 months of requesting treatment. Documentation of genotype. Documentation of adherence to therapy. Non-compliance with result in termination of authorization. Laboratory confirmation of mid-treatment RNA is required at baseline, week 4, and week 12.
Total Deductions	-36	Total Score [100-Deductions] 64
		Grade D

Contact Your State Officials

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Key Sources

Preferred Drug List: [South Carolina Medicaid, PDL \(Jan. 2021\)](#).

Prior Authorization Form: [South Carolina Medicaid, Prior Authorization Form - Hep. C \(Mar. 2019\)](#).

First Choice by Select Health Prior Authorization Criteria: [Select Health of SC, Hepatitis C Prior Authorization Criteria \(Jul. 2020\)](#).

Absolute Total Care Preferred Drug List: [Envolve Pharmacy Solutions, PDL \(May 2022\)](#).

Healthy Blue by BlueChoice Clinical Criteria: [Healthy Blue, Formulary Search \(May 2022\)](#).

Humana Healthy Horizons Preferred Drug List: [Humana South Carolina, PDL \(Dec. 2021\)](#).

Molina Healthcare Prior Authorization Form: [Molina Healthcare of South Carolina, Medications for Treatment of Chronic Hepatitis C Prior Authorization Request Form](#).

¹ Centers for Medicare & Medicaid Services, Medicaid & CHIP in South Carolina: <https://perma.cc/XFW4-H2CY>.

² HepVu, Local Data: South Carolina (Jan. 2022): <https://perma.cc/MZ3B-QNSN/>.

³ South Carolina Department of Health and Human Services, Managed Care Health Plan Contact Information: <https://perma.cc/M32A-R8TZ>.

⁴ Preferred Drug List.

⁵ Preferred Drug List.

⁶ Prior Authorization Form.

⁷ Prior Authorization Form.

⁸ Prior Authorization Form.

⁹ Prior Authorization Form.

¹⁰ Prior Authorization Form.

¹¹ First Choice by Select Health Prior Authorization Criteria.

¹² First Choice by Select Health Prior Authorization Criteria.

¹³ Healthy Blue by BlueChoice Clinical Criteria.

¹⁴ Absolute Total Care Preferred Drug List.

¹⁵ Humana Health Horizons Preferred Drug List.

¹⁶ Molina Healthcare Prior Authorization Form.

¹⁷ Prior Authorization Form.

¹⁸ Prior Authorization Form.

¹⁹ National Association of Medicaid Directors, Medicaid Directors: <https://medicaidirectors.org/who-we-are/medicaid-directors/>.